

FAMILY MEDICINE LOG
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Comments:

Signature of Supervising Physician Date

Print Supervising Physician Name

Signature of D.M.E. Date

Print D.M.E. Name

Please return this form to the Department of Clinical Education, Nova Southeastern University,
College of Osteopathic Medicine, 3200 S. University Dr. Ft. Lauderdale, FL 33328. Thank You